

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G.		
O.I.P.E. CLASSIFIER		59	10/28/99
FORMALITY REVIEW	CM	71632	11/5
			11/16/99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		12	
2		10	
3		11	
4		12	
5		10	
6		11	
7		12	
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49		12	
50		10	

Claim	Final	Original	Date
1		4	
2		7	
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8		12	
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49		11	
50		12	

Claim	Final	Original	Date
1		110	
2		112	
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4		114	
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If more than 150 claims or 10 actions  
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Best Available Copy